

Entered - 12/1/00 - sb
CL 00L0729 - GWENDOLYN BURNS

01-R -0127

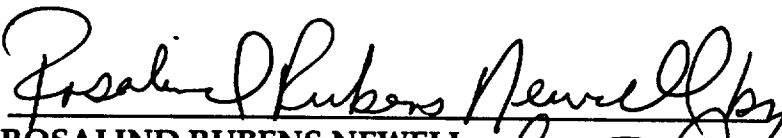
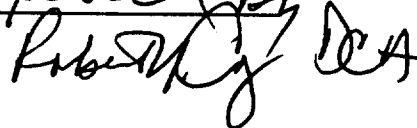
CLAIM OF: ALLSTATE INSURANCE COMPANY
as subrogee of Linda J. Williams
P.O. Box 168288
Irving, Texas 75016

For damages alleged to have been sustained as a result of a vehicular accident on August 2, 2000 at 2555 Moreland Avenue, SE.

BY PUBLIC SAFETY AND LEGAL ADMINISTRATION
COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to ALLSTATE INSURANCE COMPANY as subrogee of Linda J. Williams the sum of \$655.59 in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of a vehicular accident on August 2, 2000 at 2555 Moreland Avenue, SE., as is more particularly set forth in the within claim; said sum taken from and charged to account 2J01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY 

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0729

Date: January 19, 2001

Claimant /Victim LINDA J. WILLIAMS

BY: (Atty) (Ins. Co.) Allstate Insurance Company

Address: P.O. Box 227257, Dallas, TX 75222-7257

Subrogation: X Claim for Property damage \$ 655.59 Bodily Injury \$

Date of Notice: 11/30/00 Method: Written, Proper X Improper

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 8/2/00 Place: 2555 Moreland Avenue, SE

Department PUBLIC WORKS Division Sewer Operations

Employee involved Eugene Jackson, Jr. Disciplinary Action: Verbal Admonishment

NATURE OF CLAIM: Claimant's vehicle was rear-ended by a vehicle that was rear-ended by a City vehicle which was "following too closely". The city employee was cited for same.

INVESTIGATION:

Statements: City employee Claimant Others Written Oral

Pictures Diagrams Reports: Police X Dept Report Other

Traffic citations issued: City Driver Claimant Driver

Citation disposition: City Driver X Claimant Driver

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial

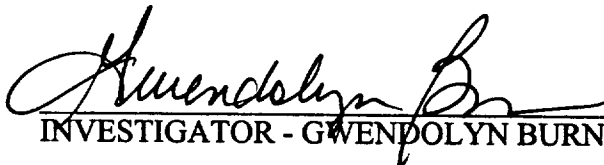
Improper Notice More than Six Months Other Damages reasonable X

City not involved Offer rejected Compromise settlement

Repair/replacement by Ins. Co. Repair/replacement by City Forces

Claimant Negligent City Negligent X Joint Claim Abandoned

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ 655.99 Adverse Account charged: 1A01 2J01 X 2H01

Claims Manager:  Concur/date 01-19-01

Committee Action: Council Action

Allstate®

RECEIVED NOV 30 2000

ALLSTATE INSURANCE COMPANY
P.O. BOX 168288
IRVING TX 75016

(800) 374-4246

ENTERED - 12-1-00 - SB
00L0729 - GWEN BURNS

11/22/00

BURNS
11/30/00
Gwen

CITY OF ATLANTA-LAW DEPT-SHERRY BUTLER
55 TRINITY AVE S.W.
ATLANTA GA 303350332

OUR INVESTIGATION INDICATES THAT YOUR INSURED WAS RESPONSIBLE
FOR THIS LOSS.

SINCE WE HAVE ALREADY MADE A SETTLEMENT WITH OUR POLICYHOLDER,
THE CLAIM HAS BEEN ASSIGNED TO US. COPIES OF THE FINAL PAPERS
RELATING TO THE LOSS ARE ENCLOSED.

PLEASE ACCEPT THIS LETTER AS NOTICE OF OUR SUBROGATION CLAIM.
PLEASE FORWARD YOUR PAYMENT WITH OUR CLAIM NUMBER TO:

ALLSTATE PAYMENT PROCESSING CENTER
P.O. BOX 227257
DALLAS, TX 75222-7257

DIRECT ANY OTHER CORRESPONDENCE TO THE ADDRESS AT THE TOP
OF THIS LETTER.

SINCERELY,

SUBROGATION CLAIM REP

ALLSTATE INSURANCE COMPANY

CBP:G

YOUR FILE NO. : SELF INSD
YOUR INSURED : CITY OF ATLANTA
ADDRESS : 360 ENGLEWOOD AVENUE
ATLANTA GA 30315

OUR CLAIM NO. : 6953374713 ESD
OUR INSURED : LINDA J WILLIAMS
LOSS DATE : 08/02/00

LOCATION :
MOORELAND AVE AND UNK X ST ATLANTA GA

01-R-0127

AMOUNT OF LOSS: \$655.59

(E6)

(912) 929-5665

Mary ~~Perd~~ Perd